



**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|-------------------------------|
| Application Number | 10/054,069 |
| Filing Date | 1/22/2002 |
| First Named Inventor | Blike, George T. |
| Title | PHYSIOLOGICAL OBJECT DISPLAYS |
| Group Art Unit | 3736 |
| Examiner Name | David J. McCrosky |
| Attorney Docket Number | 054919/0119788 |

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

| Name | Registration Number |
|--------------------|---------------------|
| Norma E. Henderson | 39,219 |
| | |
| | |
| | |

Place Customer
Number Bar Code
Label here

RECEIVED
AUG 26 2003

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

☒ Firm or
Individual Name

Norma E. Henderson, Esq.

Place Customer
Number Bar Code
Label here

RECEIVED

AUG 22 2003

| | | | | | |
|-----------|---|-------|--------------|-----|------------|
| Address | Hinckley, Allen & Snyder LLP | | | | |
| Address | 43 North Main Street Technology Center 2100 | | | | |
| City | Concord | State | NH | Zip | 03301-4934 |
| Country | USA | | | | |
| Telephone | 603-225-4334 | Fax | 603-224-8350 | | |

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | | | | | |
|-----------|-----------------|--|--|-----------|--------------|
| Name | George T. Blike | | | | |
| Signature | | | | | |
| Date | 8/1/03 | | | Telephone | 603-650-5597 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.